## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together w... applicable fee(s), to: Mail Mail Stop ISSU FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

ISTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

CURRENT CORRESPONDI  23911  CROWELL &	ENCE ADDRESS (Note: Use E	OIP	E Apple hav	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mushave its own certificate of mailing or transmission.  Certificate of Mailing or Transmission				
INTELLECTUA P.O. BOX 14300	L PROPERTY GE	ROUP	DEC (	1 he Sta add trar	tes Postal Service values to the Mainsmitted to the USF	ns Fee(s with suf l Stop TO (57	s) Transmittal is being ficient postage for firs ISSUE FEE address 1) 273-2885, on the day	deposited with the Unite t class mail in an envelop above, or being facsimil ate indicated below.
WINDININGTON	, DC 20044-4300		TENTE	RADEMARK				(Depositor's name)
			41	HAUD				(Signature)
							·	(Date)
APPLICATION NO.	PPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/798,879 03/12/2004			Toshiro Hattori			037297.48958CO		4891
APPLN. TYPE	SMALL ENTITY	ISS	UE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$14		\$300	\$0		\$1700	12/08/2006
EXAMINER			ART UNIT	CLASS-SUBCLASS	ן			
CAMPBELI	., THOR S		3742	418-001000	J			
hange of correspondence address or indication of "Fee Address" (37 k 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form TTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
SSIGNEE NAME AN	ND RESIDENCE DATA	A TO BE	E PRINTED ON 1	I THE PATENT (print or type  THE PATENT (print o	•			
LEASE NOTE: Unle cordation as set forth	ss an assignee is ident in 37 CFR 3.11. Com	ified bel	ow, no assignee f this form is NO	data will appear on the particle of the partic	atent. If an assign	ee is ide	entified below, the do	cument has been filed fo
ANAME OF ACCIO	NEE		e data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment.  (B) RESIDENCE: (CITY and STATE OR COUNTRY)					
a) name of Assig	Mfm Co		Tokyo, Japan					
A) NAME OF ASSIG Mayekawa	Mrg. Co.,							
Mayekawa		categori	ies (will not be pr	inted on the patent):	Individual 🚨 Co	rporatio	on or other private grou	up entity Government
Mayekawa se check the appropria the following fee(s) as Kissue Fee	ate assignee category or re submitted:		4b	o. Payment of Fee(s): (Plea	se first reapply ar	y previ	ously paid issue fee s	<del></del>
Mayekawa e check the appropria he following fee(s) an Kissue Fee KPublication Fee (No KAdvance Order - #	ate assignee category or re submitted:  o small entity discount por Copies5	ermitted	4b	. Payment of Fee(s): (Plea	se first reapply an	y previ	ously paid issue fee s	hown above)
Mayekawa e check the appropria the following fee(s) at Yessue Fee Publication Fee (No Advance Order - # ange in Entity Statu	ate assignee category or re submitted:  o small entity discount p of Copies5	ermitted	4b	D. Payment of Fee(s): (Plea A check is enclosed.  Payment by credit care The Director is hereby overpayment, to Depos	se first reapply ar d. Form PTO-2038 authorized to char sit Account Numbe	is attac ge the re	ously paid issue fee s hed. equired fee(s), any def -1323 (enclose an	hown above) iciency, or credit any extra copy of this form).
Mayekawa te check the appropria the following fee(s) at Kissue Fee KPublication Fee (No KAdvance Order - # tange in Entity Statu a. Applicant claims E: The Issue Fee and	ate assignee category or re submitted:  o small entity discount prof Copies5  us (from status indicated SMALL ENTITY status	above)	7 CFR 1.27.	D. Payment of Fee(s): (Plea A check is enclosed.  Payment by credit care The Director is hereby overpayment, to Depoi	se first reapply and d. Form PTO-2038 authorized to char sit Account Numbe	is attac ge the re r 05	ously paid issue fee so thed. equired fee(s), any deficient and the control of th	iciency, or credit any extra copy of this form).
Mayekawa se check the appropria the following fee(s) at Kissue Fee KPublication Fee (No KAdvance Order - # nange in Entity Statu a. Applicant claims E: The Issue Fee and	ate assignee category or re submitted:  o small entity discount prof Copies 5  us (from status indicated SMALL ENTITY status Publication Fee (if required)	above)	7 CFR 1.27.	D. Payment of Fee(s): (Plea A check is enclosed.  Payment by credit care The Director is hereby overpayment, to Depoi	d. Form PTO-2038 authorized to char sit Account Numbe ger claiming SMAI ne applicant; a regi	is attac ge the re r 05.	ously paid issue fee so thed. equired fee(s), any deficient and the control of th	iciency, or credit any extra copy of this form).  R 1.27(g)(2). assignee or other party in

nis in the completed application form to the USPTO. Time will vary depending upon the individual case Any comments on the amount of time you require to complete is form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. ax 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Lexandria, Virginia 22313-1450.

nder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.